

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	B.D.	D.E.P.	B.D.	D.E.P.	B.D.	D.E.P.
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TOTAL B.D.						
TOTAL D.E.P.						
TOTAL CLAIMS						

NO.	B.D.	D.E.P.	B.D.	D.E.P.	B.D.	D.E.P.
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TOTAL B.D.						
TOTAL D.E.P.						
TOTAL CLAIMS						